

Case Number:	CM14-0188808		
Date Assigned:	11/19/2014	Date of Injury:	10/13/2010
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year-old male, who sustained an injury on October 13, 2010. The mechanism of injury occurred while lifting a bundle of wood. Diagnostics have included: September 10, 2014 lumbar MRI reported as showing post-surgical changes at L4-S1. Treatments have included: left shoulder arthroscopy, lumbar fusion/laminectomy, physical therapy, medications. The current diagnoses are: S/P Left shoulder arthroscopy, s/p lumbar fusion/laminectomy and subsequent hardware removal, and sciatica. The stated purpose of the request for CT scan for the lumbar spine was to evaluate his lower back condition, and can not have a MRI due to the presence of hardware. The request for CT scan for the lumbar spine was denied on October 27, 2014, citing a lack of documentation of medical necessity. Per the report dated October 23, 2014, the treating physician noted complaints of low back pain and neck pain. Exam findings included lumbar spasm and tenderness with decreased range of motion. Per the report dated October 15, 2014, the treating physician noted neck pain with radiation to both shoulders, and low back pain with radiation to both legs along with numbness. Exam findings included decreased lumbar range of motion, positive Kemp test, and normal extremity strength.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT scan for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The requested CT scan for the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain with radiation to both shoulders, and low back pain with radiation to both legs along with numbness. The treating physician has documented decreased lumbar range of motion, positive Kemp test, and normal extremity strength. The injured worker had hardware removal on March 25, 2014. The treating physician has not documented positive neurologic exam findings indicative of nerve impingement, nor the medical necessity for a CT scan if hardware has been removed. The criteria noted above not having been met. CT scan for the lumbar spine is not medically necessary.